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Vermont Futures Project
Handout - Recovery Programming Planning Meeting
June 12, 2009

Program Characteristics of a Recovery Oriented Secure Recovery Residence

Goals of SRR Program
Consistent with the philosophy, principles, values and assumptions, the following goals will inform program design:

- To step individuals down from acute inpatient care at VSH (and its successor programs) and avoid unnecessarily long acute inpatient stays
- To create and sustain an environment in which individuals can engage in their recovery process
- To maintain an environment of safety for all participants
- To provide a learning environment in which individuals who require a longer length of stay are able to learn skills required to transition successfully to life in the next less restrictive setting and to connect with their home communities
- To address the lingering or intermittent psychiatric symptoms which are preventing people from being placed in less restrictive environments
- Alternatively, to assist individuals develop coping skills that allow them to live safely and responsibly in the face of persistent symptoms.

Program Characteristics
This section presents initial effort to describe what the clinical program of the SRR would include. It is grounded in the assumption that treatment modalities and strategies will be selected based on the individual residents' need, and is grounded in part on an initial assessment of the characteristics of a group of VSH patients assumed representative of the population served by the SRR. What follows is an amalgam of treatment approaches and clinical modalities that would be provided within the context of a Positive Behavior Support framework. There is no attempt here to achieve an integrated program theory. Nor does the following represent an implementation plan. These will become the tasks of the SRR Program Director and key staff with input from the clinical advisory group once the SRR has been approved for development.

At present it is proposed that the clinical program will be characterized by the following:

Approach
Because the program serves individuals who have experienced a severe course of illness, multiple traumas, and social isolation, the therapeutic and recovery services provided must be highly tailored to the individual and rigorously evaluated for effectiveness. The

qualities of a program consistent with the proposed philosophy of recovery and person-centeredness include (in no particular order):

- Employment of best practices in an individualized fashion, ongoing evaluation of effectiveness, and adjustment as needed
- Progressive, developmentally focused continuum of services
- Quality of life emphasis
- Holistic approach to service delivery
- Strengths based services and environment
- Flexible provision of services
- Relapse prevention and ability to successfully address relapse as a normal part of recovery
- Peer/consumer involvement and support at all levels of service design and delivery
- Homelike environment
- Non-coercive environment and interventions
- Use of engagement strategies
- Trauma-informed and trauma-specific services
- Respect for survival and resilience of participants
- Emphasis on and support for individual responsibility
- Skill-building focus
- Positive behavior supports framework
- Legal support for those with legal issues
- Humaneness in all aspects of treatment, environment and care
- Continuum of service – options for moving beyond program are explored at outset and continually

Culture of Learning
The over-all ethic of the program is the creation of a learning environment designed to maximize individual recovery. To that end staff will engage in continuous and on-going education and training as well as situational learning involving staff and residents about best ways to effectively engage the particular individuals in the program at the time.

Positive Behavioral Supports
The therapeutic environment of the facility will be designed around core principles of Positive Behavior Supports (PBS). PBS is an applied science which is philosophically aligned with principles of recovery and person-centeredness. It seeks to increase an individual's likelihood of success and personal satisfaction across settings (e.g., academic, work, social, recreational, community, family). This is achieved by supporting individual acquisition of life and treatment goals, improving quality of life for all stakeholders, and by making problematic behavior irrelevant. PBS uses multiple educational methods to teach, strengthen, and expand positive behavior and employs systemic (e.g., environmental) strategies to maximize opportunities for individuals to engage in positive behaviors.
In a PBS environment:

- There are a small number of positively stated expectations for all participants (individuals served and facility staff).
- Communication about expectations is focused on what is expected, not on what is prohibited.
- There are supports in place to assist individuals to engage in expected behaviors.
- Positive behavior change and adherence to expectations is recognized and celebrated.
- The environment is designed to support positive behaviors and make less desirable behaviors irrelevant.
- Aggressive and unsafe behaviors are discouraged.
- There is an agreed-upon approach in responding to undesirable behaviors.
- Learning and teaching are emphasized and valued.
- Respect, responsibility, cooperation are valued traits and are taught and encouraged.
- Individual differences are valued rather than criticized.

The treatment environment will also be informed by the core clinical service strategies and modalities described below.

Collaborative Problem Solving
One important ingredient in supporting positive behaviors is the ability to solve problems as they arise, before unwanted behaviors become patterned. Collaborative problem solving (Greene & Ablon, 2006) is an approach to addressing specific factors – deficits in executive skills, language processing, emotion regulation, cognitive flexibility, and social skills – which can significantly impact individual's ability to tolerate frustration and solve problems. While developed for use with children and adolescents, Collaborative Problem Solving is beginning to make its way into adult settings, and would be a compatible and useful addition to a PBS environment of care.

Core Clinical Services, Strategies and Treatment Technologies
A warm and welcoming environment –both physical and social-- is a basic, necessary component of the milieu (See section on Environmental Design below). Building positive relationships between peers and between staff and peers is fostered by creating time for positive, enjoyable interactions.

The diversity of needs represented in the population to be served will require a clinical program model which allows for a flexible and wide-ranging menu of services which can be adapted to meet changing needs of each individual. These services will be based on current knowledge of best practices and emerging evidence based practices. They will also require a culture of continuous learning and on-going staff education, training and skill development.

Objectives of SRR Programming
The objectives of a recovery oriented clinical system should:

- Foster hope for the future based on individual goals
- Address both the experience of mental illness and the experience of stigma and discrimination in the healing process
- Develop a sense of control over life and the future using a present-and-future focus
- Employ both professional interventions and self-directed strategies; and
- Enhance social networks in natural environments and circumstances. (Colorado Health Networks website).

Use of SAMHSA Strategies

SRR programming will incorporate and be consistent with the Substance Abuse and Mental Health Services Administration (SAMHSA) 6 core strategies for reduction of seclusion and restraint that focus on:

- Leadership toward organizational change
- Use of Data to Inform Practice
- Workforce Development
- Use of Seclusion and Restraint Prevention Tools
- Consumer Roles in Inpatient Settings
- Debriefing Techniques

In addition, the program will make use of SAMHSA's evidence based practice Implementation Resource Kits for:

- Illness Management and Recovery
- Assertive Community Treatment
- Family Psycho-education
- Supported Employment
- Co-occurring disorders: Integrated Dual Diagnosis Treatment

Clinical Modalities and Recovery Strategies

Other treatment strategies that will be used in programming include:

- Dialectical Behavior Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Wellness Recovery Action Plan (WRAP)
- Sanctuary, Seeking Safety and other trauma-specific and trauma-informed treatment approaches
- Social learning and behavioral therapy strategies
- Calming Rooms

Ongoing review and revision of the programmatic offerings and structure will be important in assuring that the treatment modalities and strategies that are used are adapted to new technologies and represent therapeutic best practices as these emerge.

Current research of evidence based practice indicates that other effective clinical strategies appropriate for the SRR would include:

- Cognitive rehabilitation skill development focused on
    - Attentiveness
    - Memory
    - Planning
    - Decision making

- Life skills development/rehabilitation
    - Daily living skills of self-care, one's living environment (cooking, laundry, etc.)
    - Responsible citizenship
    - Vocational opportunities
    - Education
    - Money management
    - Family & social relationships
    - Community connectedness

- Life enrichment/leisure/fun
    - Relationships
    - Spirituality
    - Hobbies
    - Interests
    - Sports & exercise

- Self-help and Peer Support
    - Self-guided therapeutic activities
    - Mentorship and support provided to others with mental illness

- Health and Wellness
    - Independent management of medical conditions
    - Coping with symptoms
    - Behaviors supporting health and wellness
    - Education about navigating medical services

- Rights Protection and Advocacy
    - Education on rights
    - Practicing self-advocacy
    - Legal advocacy

- Case Management/Discharge Planning
    - Planning for return to the community
    - Legal support